



MISSOURI DIVISION OF MEDICAL SERVICES

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VACCINE FOR CHILDREN (VFC) BULLETIN

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. <http://www.dss.mo.gov/dms/pages/bulletins.htm>
Please note new website address.

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

| Table of Contents | Page |
|--|------|
| MC+ MANAGED CARE | 1 |
| VACCINES CURRENTLY COVERED THROUGH THE VFC PROGRAM | 1 |

MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

VACCINES CURRENTLY COVERED THROUGH THE VFC PROGRAM

Through the Vaccine for Children (VFC) Program, federally provided vaccines are available at no cost to public and private providers for eligible children ages 0 through 18 years of age. Children who meet at least one of the following criteria are eligible for VFC vaccine:

- MEDICAID ENROLLED—A child enrolled in the Medicaid Program
- UNINSURED—A child has no health insurance coverage
- NATIVE AMERICAN/ALASKAN NATIVE—As defined in the Indian Health Services Act
- UNDERINSURED—A child whose family has health insurance that does not pay for vaccines may receive free vaccine through a Federally Qualified Health Center or Rural Health Center.

Medicaid enrolled providers must participate in the VFC Program administered by the Missouri Department of Health and Senior Services and must use the free vaccine when administering vaccine to qualified Medicaid eligible children. Providers may bill for the administration of the free vaccine by using the appropriate procedure code(s). The Medicaid reimbursement for the administration is \$5.00 per component. The administration fee(s) may be billed in addition to a Healthy Children and Youth (HCY) screen, a preventive medicine service, or in addition to an office visit if a service other than administration of a vaccine was provided to the child.

For more information regarding the specific guidelines of the VFC Program contact:

Department of Health and Senior Services
Section for Communicable Disease Prevention
Vaccines for Children Program
PO Box 570
Jefferson City, MO 65109
(800) 219-3224 or (573) 526-5833

The Omnibus Budget Reconciliation Act of 1993 (43 U.S.C. 1396s) conferred an operational role on the Advisory Committee on Immunization Practices (ACIP) to establish a list of vaccines for administration to children eligible to receive vaccines through the Vaccines for Children (VFC) Program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to pediatric vaccines.

VFC vaccine must be administered according to the guidelines outlined by the ACIP in the VFC resolutions.

Vaccines provided through the VFC Program include:

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| DT | Administration Procedure Code 90702SL <ul style="list-style-type: none">• Provided to VFC-eligible children if pertussis vaccine is contraindicated and the child is younger than seven years of age. |
| DTaP | Administration Procedure Code 90700SL <ul style="list-style-type: none">• Recommended for all doses in the DTP series. |
| DTaP/Hib | Administration Procedure Code 90721SL <ul style="list-style-type: none">• Licensed ONLY for the fourth dose of the DTP/Hib series. |
| DTaP/Hep B/IPV | Administration Procedure Code 90723SL <ul style="list-style-type: none">• Licensed for the 3-dose primary series. |
| e-IPV | Administration Procedure Code 90713SL <ul style="list-style-type: none">• Provided to all VFC-eligible children 6 weeks through 18 years of age. |
| Hep A | Administration Procedure Code 90633SL <ul style="list-style-type: none">• Provided to VFC-eligible children who are at least 2 years of age through 18 years of age. |

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| Hep A/Hep B | Administration Procedure Code 90636 SL <ul style="list-style-type: none">• Provided to VFC-eligible children who are 18 years of age ONLY. |
| Hep B | Administration Procedure Code 90744SL <ul style="list-style-type: none">• Provided to all VFC-eligible children 0 through 18 years of age. |
| Hep B-2 dose | Administration Procedure Code 90743SL <ul style="list-style-type: none">• Merck adult (1.0ML/10mcg formulation) Recombivax vaccine, <u>ONLY</u> for VFC adolescents age 11 through 15 years of age, with second dose 4-6 months after the first. |
| Hep B/Hib | Administration Procedure Code 90748SL <ul style="list-style-type: none">• The recommended schedule is 2 months, 4 months, and 12-15 months of age. |
| Hib | Administration Procedure Codes 90645SL, 90647SL or 90648SL <ul style="list-style-type: none">• Provided to all VFC-eligible children 6 weeks of age to 59 months of age. |
| Influenza | Administration Procedure Codes 90657SL, 90658SL or 90655SL (90655SL is effective February 1, 2004) <ul style="list-style-type: none">• Provided for all VFC-eligible children 6 months through 23 months.• Children and adolescents age 6 months through 18 years with chronic disorders of the pulmonary or cardiovascular systems, including asthma.• Children and adolescents age 6 months through 18 years who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications).• Children and adolescents age 6 months through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye syndrome after influenza.• Children and adolescents aged 2 through 18 years who are household contacts of persons in high-risk groups (e.g. persons age 65 and older, transplant recipients, persons with AIDS, and children age less than 2 years).• Children and adolescents age 6 months through 18 years who are residents of nursing homes and other chronic-care facilities that house persons at any age who have chronic medical conditions.• Adolescent females age <19 years who will be in the second or third trimester of pregnancy during influenza season. |
| MMR | Administration Procedure Code 90707SL <ul style="list-style-type: none">• Provided to all VFC-eligible children 12 months through 18 years of age. Series includes 2 doses; 2nd dose provided at least 24 days after the first dose. |

**Pneumococcal
23-valent
(Polysaccharide)****Administration Procedure Code 90732SL**

- Provided only to VFC-eligible children 2 years through 18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (as specified above), who are Alaskan Native or American Indian, or who have received a bone marrow transplant.

**Pneumococcal
7-valent
(Conjugate)****Administration Procedure Code 90669SL**

- All infants and children at least 6 weeks of age through 59 months old. Groups identified by ACIP as being at highest risk include infants, toddlers through 24 months old, children with sickle cell disease or anatomical asplenia, chronic illnesses, immunocompromising conditions, or HIV infection. Groups at moderate risk include toddlers 24-35 months old, children of African American, American Indian, and Alaskan Native descent, and children who attend out of home child care between 35 and 59 months of age.

Td**Administration Procedure Code 90718SL**

- Booster recommended for 11-18 year old children if 5 years have elapsed since the previous booster dose.

Varicella**Administration Procedure Code 90716SL**

- Provided to VFC-eligible children who are at least 12 months of age through 18 years.

Provider Communications**(800) 392-0938****or****(573) 751-2896**